

PTO/SB/21 (05-03)

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TRANSMITTAL FORM

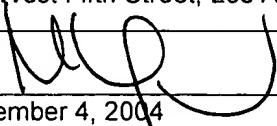
(to be used for all correspondence after initial filing)

		Application Number	09/667,945
		Filing Date	September 22, 2000
		First Named Inventor	Motoichi TAMURA
		Art Unit	2655 NOV 09 2004
		Examiner Name	Michael Neopasnick Center 2600
Total Number of Pages in This Submission	1	Attorney Docket Number	393032020000

ENCLOSURES (check all that apply)

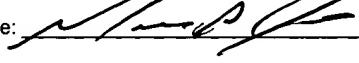
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group 2655 (<u>Appeal Notice, Brief, Reply Brief</u>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Correspondence customer number 25224		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mehran Arjomand - 48,231 MORRISON & FOERSTER LLP 555 West Fifth Street, Los Angeles, CA 90013
Signature	
Date	November 4, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV375956084US, in an envelope addressed to: M/S AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 4, 2004

Signature:  (Marco Jimenez)

NOV 04 2004



FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1500.00)

Complete if Known	
Application Number	09/667,945
Filing Date	September 22, 2000
First Named Inventor	Motoichi TAMURA
Examiner Name	Michael N. Opsasnick
Art Unit	2655 RECD
Attorney Docket No.	393032020000 NOV 09 2004

NOV 09 2004

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:
Deposit Account Number **03-1952**Deposit Account Name **Morrison & Foerster LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) required under 37 CFR 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee
1002	350	2002	175	Design filing fee
1003	550	2003	275	Plant filing fee
1004	790	2004	395	Reissue filing fee
1005	160	2005	80	Provisional filing fee

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	- 20 =	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 3 =		x 18	=
Multiple Dependent			x 88	=
			300	=

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee	Fee Code (\$)
1202	18	2202 9 Claims in excess of 20
1201	88	2201 44 Independent claims in excess of 3
1203	300	2203 150 Multiple dependent claim, if not paid
1204	88	2204 44 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee	Fee Code (\$)	
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	430	2252 215 Extension for reply within second month	
1253	980	2253 490 Extension for reply within third month	980.00
1254	1,530	2254 765 Extension for reply within fourth month	
1255	2,080	2255 1,040 Extension for reply within fifth month	
1401	340	2401 165 Notice of Appeal	340.00
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,370	2453 685 Petition to revive - unintentional	
1501	1,370	2501 685 Utility issue fee (or reissue)	
1502	490	2502 245 Design issue fee	
1503	660	2503 330 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	180.00
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	790	2809 395 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810 395 For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801 395 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1500.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Mehran Arjomand	Registration No. (Attorney/Agent)	48,231	Telephone	(213) 892-5630
Signature				Date	November 4, 2004